CHARD RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 31st DECEMBER, 1955.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health:

A. M. McCall M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

P. P. Fox M.B., Ch.B., D.P.H.

Sanitary Inspectors:

E. Whisker M.S.I.A.
C. V. Muggeridge M.S.I.A.
G. H. Wheeler M.S.I.A.

County Council's Health Visitor:

Mrs. O. J. M. Pitt S.R.N., S.C.M., H.V.

COMMITTEES concerned with matters of Public Health:

(a) Public Health ... (19 Members);

(b) Housing ... (19 ");

(c) Works ... (15 ").

CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31st DECEMBER, 1955.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Report for 1955.

There was an outbreak of measles in which children in the 5 - 10 year age group were mainly affected, otherwise there were few cases of infectious diseases notified.

This year I have included reports which are mainly the work of other members of the Public Health Department. Mr. Whisker supplied the details concerning the water undertaking, including the Regional Scheme. I am indebted to Mr. Muggeridge for his detailed report on the Old People's Dwellings at Tatworth and our experience since they came into use. Mr. Woolcott has dealt at length with Housing Maintenance, and Mr. Wheeler has supplied the details on both the Housing Survey and Meat Inspection.

I would draw the Council's attention to a small survey concerning colour vision which I carried out while doing the school medical inspections. It is a subject which is not clearly understood and I hope the explanations given will be of benefit.

The School Dental Service continues to be unsatisfactory despite the County Council's repeated attempts to recruit new dental surgeons.

I would also like to emphasize the need for the prevention of Tuberculosis and I think the Council would do well to consider the suggestions I have made in the text.

I greatly appreciate the courtesy shown to me by the Council throughout the year and the help I have received from Mr. Dommett, the Clerk.

I am,
Your obedient Servant,

A. M. McCALL,

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
May, 1956.

CHARD RURAL DISTRICT

— in the —

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

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J. K. McGILL.

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
May, 1956.

CHARD RURAL DISTRICT

in the

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31st DECEMBER, 1955.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION:

The Registrar-General gives the estimated mid-year home population as 12,580, a decrease on the previous year. Appendix A, Table 1, gives the general statistical details of the District.

BIRTH RATE:

The Birth Rate for the year was 12.16 per 1,000. This compares unfavour--ably with the 1954 figure of 13.9 per 1,000. When the Comparability Factor of 1,08 is taken into account the figure of 13.13 is well below the national figure of 15.0 per 1,000. Details are shown in Appendix A, Table 2.

DEATH RATE:

The Death Rate for the year was 11.68 per 1,000 which was much higher than the corresponding figure of 8.9 for 1954. Once again allowing for the Comparability Factor of 0.86 the figure is 10.04 which is below the national figure of 11.7 per 1,000. The causes of death are shown in Appendix A, Table 3. Diseases of the heart and circulation were again at the top of the list, having caused 63 out of a total of 147 deaths and, as I have stated in many previous reports, cardio-vascular disease of middle age shows every sign of becoming the greatest Public Health problem.

INFANT MORTALITY:

Five cases of death in infants occurred during the year; all died in hospital. Three of the infants were premature and congenital defects existed in two of these cases. The fourth child died at the age of four months with acute heart failure and in this case too there was a congenital defect of the heart. The fifth child died as a result of an abnormality during birth; it was a male child who survived seven hours.

STILL BIRTHS:

Three still births occurred in the district during 1955.

MATERNAL MORTALITY:

Once again I am pleased to be able to state that no case of maternal mortality occurred in the district during the year.

SOCIAL CONDITIONS:

The social conditions of the residents of our rural area continued to be most satisfactory. The standard of living is undoubtedly higher now than at any other time in the past.

SECTION B. GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The County Council, as Local Health Authority, is responsible for the majority of the Local Health Services in the Rural District. The Clinics they hold in our district have remained the same during 1955, but new Clinics commenced in both Chard and Crewkerne have benefited our residents living near these centres. I will refer to them in detail later in this report.

CARE OF MOTHERS & YOUNG CHILDREN.
INFANT WELFARE CLINICS.

Merriott: This Clinic is held twice per month and Dr. Amy Dauncey attends each session. It is extremely well supported and reflects great credit on the active Committee who organise it. The Secretary is Mrs. Rumsby.

Shepton Beauchamp: This Clinic is held monthly and Dr. Munden attends all sessions. Mothers are offered all the usual facilities; these include vaccination and immunisation.

INFANT WELFARE CLINICS (continued).

Tatworth: This Clinic continued to be held once per month and Dr. Elliott attended each session. Unfortunately, the Committee of the Perry Street Club decided that it was no longer convenient to hold the Clinic at their premises, and alternative arrangements had to be made at the end of the year. It is regrettable that this move was brought about, but I would like to thank the Committee for their help in the matter in the past.

Winsham: This Clinic is held once monthly in the Village Hall and Dr. Elliott attends each session.

Details of the various Clinic attendances will be found in Appendix B, Table 1.

ANTE-NATAL SERVICES.

No Ante-Natal Clinics are held in the area. However, Ante-Natal examinations are carried out by the Doctors and Nurses in charge of individual cases. A Clinic is held at Crewkerne once a month and mothers living in that area are regular attenders. I attend this Clinic for the purpose of taking blood samples for routine examination of haemoglobin, blood groups, Rh.factor and Wasserman Tests.

In the Chard area, a similar Clinic has been commenced, and once again the mothers of our area are keen supporters. It saves them the long journey to Taunton or Crewkerne.

Reports of all Laboratory tests are of course forwarded to the private practitioners concerned, and they are able to take any action which is necessary in individual cases.

In addition to the above, Miss Taylor, a fully qualified Physiotherapist, has commenced holding Relaxation Classes in Crewkerne twice per month. She explains the mechanics and physiology of childbirth, and also how the mother can most usefully assist in the birth of her own baby. This is followed by practical teaching in methods of relaxation. These classes have been so welcomed by the mothers that they need no persuading to attend, and we have found little necessity to repeatedly publicize them. The mothers tell one another of the great advantages of attendance and of the very happy practical results. I am most grateful to Miss Taylor for the way in which she has helped mothers in the villages in the vicinity, who are most appreciative.

DOMICILIARY MIDWIFERY.

The District Nurses continued to attend expectant and nursing mothers in their homes, with the private practitioners supervising the cases. The practical service of delivery of the mothers and their after care, follows naturally on the work of the Ante-Natal Clinic. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the Nurses who will be looking after them. All this leads to a feeling of calm confidence which is so essential.

MATERNITY UNIT - CREWKERNE HOSPITAL.

I reported last year that this Unit had closed, originally due to staffing difficulty, but finally on the decision of the Regional Hospital Board and the Local Hospital Management Committee. Despite this decision, our Council supported by Crewkerne Council and the Beaminster Rural District Council, continued to press for a revision of the Regional Board's decision. Finally, after considerable negotiation, the Regional Board sent a deputation to meet represen--tatives from this Council and the Crewkerne Urban District Council. Councillor Pinney, Chairman of the Crewkerne Public Health Committee, presided and explained that the meeting had been asked for :

(1) because no opportunity other than by way of correspondence had been available to the Council to put forward the local point of view, and the Council felt that such an opportunity ought to have been available;

(2) because it was necessary to emphasize the lack of co-operation between Hospital and Public Health Authorities; and

(3) because the Council wished to try and see in what way efforts could be directed towards securing the re-opening of the Maternity Unit.

In the 1930's, the need for a Maternity Unit in Crewkerne and District had been a pressing one. As a result, a sufficiently large sum was raised by voluntary subscription in the Crewkerne Hospital area, to provide the required facilities, and

MATERNITY UNIT - CREWKERNE HOSPITAL (continued).

the Unit opened. It had given consistently good service throughout the War and up until the end of 1953. In the Council's view, the need still exists.

The Regional Hospital Board's representative commenced by stating that it had been the wish of the Management Committee to continue to make use of the limited maternity services at the Crewkerne Hospital. However, subsequently it was disclosed that for economic reasons it had been decided to provide centralized alternative services at Yeovil and there could be no revision of the decision to close the Crewkerne Unit.

Following the meeting, the Crewkerne Council sent a formal protest to the Minister of Health, but this was unsuccessful in altering the position. However, I do not feel that the protracted negotiations of the Council with the Management Committee and the Regional Hospital Board were entirely wasted. The interests of both sides and their future intentions were disclosed, and at least the lack of liaison between local Councils and the Regional Hospital Board was clearly demonstrated, and no doubt legislation will eventually remedy this serious deficiency.

HOME NURSING.

In addition to their many other duties, the District Nurses visit prople's homes to carry out a very large number of duties. These may include dressing wounds, giving injections,bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly and humane manner in which our Nurses have been working during the past year. Details can be found in Appendix B, Table 2.

HEALTH VISITING.

Mrs. Pitt is the Health Visitor for the district. Her primary function is to visit the homes of the people, and I am quite confident that she does this work in a most efficient and kindly manner. This is particularly true in respect of the following up of children with defects discovered at school medical inspections. None are overlooked and if parents co-operate they will derive a maximum benefit from this part of the service.

IMMUNISATION.

During the year,the County Council as Local Health Authority in co-operation with the District Council, took every opportunity to stress the need for immunisation against Diphtheria and every means of publicity was used. An intensive drive was organised in February during which posters were displayed on the various Village Notice Boards. Immunisation was carried out at all the Clinics and by myself in the schools. In addition to this of course there is a large amount of immunisation done by private practitioners, particularly primary immunisations.

There is a growing demand for combined immunisation against Whooping Cough and Diphtheria. This is given in three injections at monthly intervals starting at the fourth month, so that the course is completed before teething commences in earnest. If, however, parents request immunisation against Diphtheria only, then this is given at a slightly later age and necessitates two injections. All children require a further booster dose against Diphtheria at the age of five years, so this is given when they commence school.

135 Primary immunisations and 148 booster immunisations were carried out in 1955, and this is a satisfactory total.

VACCINATION.

Appendix B, Table 3, shows details of the vaccination carried out in the District during the year. I am pleased to say that the number of primary vaccinations showed a slight increase.

HOME HELP SERVICE.

The Home Help Service which is organised by the County Council, and in this area administered from Taunton, worked very well during the year. There is a shortage of the right type of people for this work, but I am impressed by the high standard of the work carried out by those employed.

SCHOOL MEDICAL SERVICE.

I visited all the schools in the area during the year, and details of my inspections will be found in Appendix B, Table 4.

I continued to give a full examination to all children on entry to school life, on transfer from the primary to the secondary education, and in the last six months before leaving school. In addition, I examined all children with defects and all cases specially referred to me by the Teachers or at the request of Parents.

COLOUR VISION.

During the routine medical inspection of school children, I carried out an investigation into the proportion of children who are Colour Blind. There seems to be a good deal of confusion in parents' minds about the subject, so I feel it will be useful to discuss some aspects of the condition.

To start with, the term Colour Blindness is a misnomer and a far better term is "defective colour vision", and it is the one which I propose to use.

We have as yet no definite information about the cause of defective colour vision. The outstanding characteristic of all persons with the condition is that the total number of colours which they can recognise as distinct from one another is significantly smaller than the number which the normal observer can distinguish under the same conditions.

A person with defective colour vision is a person with a deficiency and not merely a different form of vision. The most striking deficiency is usually revealed when the attempt to distinguish red from yellow or yellow from green is made, with the absence of any brightness difference. Other colours which tend to be confused are blue green, grey and purple. On the other hand, the defect does not normally lead to much difficulty in distinguishing green from blue green, blue green from blue, yellow from grey or grey from blue.

One point which is extremely important should now be noted. A child in the nursery begins to recognise differences between colours and is taught that a brick is red, a banana yellow, an orange is orange, grass is green etc. until eventually he has a great many objects which help him by association to link up each colour sensation with its appropriate name. Because he has been taught that green is the colour which grass possesses the person with defective colour vision when asked the colour of grass, will naturally reverse the process and reply "Green" whatever the quality of his visual sensation. Greens and yellows are lighter than browns and reds and this may help him to differentiate one from the other. It is as well that he has the subsidiary aids to help him. He may, it is true lose something of the beauties of nature through his reduced range of colours, but since he will be quite unaware of the nature of his loss, it is unlikely to trouble him overmuch.

The type and number of mistakes a colour defective makes will of course depend on the type and degree of the defect. It will also depend on the conditions under which he is working. Persons with normal colour vision often have difficulty in recognising colours when the lighting is bad or the objects are dirty or small in size. Similarly the number of mistakes made by a colour defective increases under these more difficult conditions. Thus while a person with defective colour vision may succeed in distinguishing between red and green signal lights when close at hand, yet when they are seen as pin points of light in the distance, or through fog or rain, they will be far more liable to error.

In the great majority of cases, defective colour vision is congenital, but some loss of colour sense can be acquired, for example, by excessive smoking. When a father is congenitally colour blind his daughters will be carriers of the defect without themselves being defective, but none of his sons will be either a colour defective or a carrier. When a mother is a carrier, half her sons will, on the average, be colour defectives and half her daughters will be carriers. The defect will, however, become evident in half the daughters of a carrier mother and a defective father. When both parents are affected all daughters will have defective colour vision. It follows that the number of women who have defective colour vision is very much smaller than the number of men. Statistics show that the percentage of colour defectives in the male population is approximately 8%. In my small survey in the Chard Rural schools it was 9.89% for boys and 0% for girls. Of 81 boys examined, 8 were defective and of 69 girls, nil were defective.

Information about the age at which defective colour vision becomes evident is conflicting. It seems quite certain that those who possess the defect do so from their earliest years. However, some children may fail to describe colours correctly because they are mentally backward or through lack of education and not through any defect in their visual apparatus. The earlier it is possible to find out whether children are suffering from colour vision defects the better it is from the point of view of deciding upon their future careers. There are a number of careers which are completely closed to them if they are suffering from colour vision defects.

The desirability of carrying out school testing of colour vision is generally admitted by all who have investigated the condition. Many industrial firms have also stressed its importance so as to avoid disappointment when seeking future employment.

COLOUR VISION (continued).

There are many methods of testing colour vision, but one suitable for use by a School Medical Officer has to be quick, not too complicated and capable of being carried out in an ordinary room. I think that confusion charts such as the Ishihara Charts I used in this survey are probably the most suitable. Testing has usually been done on all children due for a routine medical examination at the age of 10+. No difficulty was experienced in dealing with children of that age. Once what was required of them was explained they immediately gave full co-operation. The time taken to test each child was generally about one minute. All children found to have a defect were informed of their defect and retested. In each case a letter was sent to the parent informing them of the presence of the defect and reminding them of its bearing on a future career.

I consider that testing by the method suggested above should become standard throughout the Somerset County school medical service. All those with serious defective colour vision would be known and the parents informed. I also advocate more stringent pre-vocational tests for all who propose to enter a trade or profession in which normal colour vision is important. This latter test is of course outside the scope of the school medical service.

SPEECH THERAPY.

A number of children in village schools in the Crewkerne area were in need of Speech Therapy to overcome either articulation defect or difficulties due to stammering. Some attended Yeovil for treatment, whilst others were unable, due to the distance involved, to get any help, and I was fortunate in persuading the County Medical Officer of Health to provide a Speech Therapist at the Crewkerne Clinic. Now children needing help in that area attend weekly. The number who are able to attend has increased and the time wastage has been cut down very considerably. Miss Henshaw is in charge of this Clinic. She gives individual tuition by appointment and has already had a great deal of success.

BREATHING EXERCISES CLINIC.

Towards the end of the year a Breathing Exercises Clinic was commenced in Crewkerne and is held every Wednesday afternoon. This is run by the Health Visitors who have had training in the special methods of improving children's breathing, and is particularly designed to help asthmatics and those with similar disabilities. Once again children in our district have been able to take advantage of this Clinic, and in fact I am pleased to say that children have been attending from over the Dorset border. I attend once a month to make a clinical examination of every child and to assess the progress made. It is toocarly to say what practical value this Clinic is having, but when I next report I shall have some definite data from which to draw my conclusions.

SCHOOL DENTAL SERVICE.

Early in the year a Dental Surgeon was appointed by the County Council to operate from the new Clinic erected in Chard. He did a good deal of work in the Rural District and inspected and treated all children in eight schools by the end of the year. Unfortunately, he has now transferred to the North of England and once again we are an "uncovered area", that is an area in which the County will only provide an emergency treatment if the child is suffering from severe pain.

Appendix B, Table 5, gives a list of the Primary Schools in our area and the date on which they last had a dental inspection. It will be seen that in two schools there has been no dental inspection since 1948. No schools were inspected between 1949 and 1952 inclusive, six were inspected in 1953 and three in 1954.

There is a nation wide shortage of Dental Surgeons but nowhere is it so acute as in the School Dental Service. The County have a permitted establishment of 24 Dentists. Early in 1955 there were 20 Dentists employed, but by the end of the year the number had dwindled to 10. This, despite the fact that they were constantly advertising for replacements, and many Local Authorities offered housing accommodation as an added inducement. The situation is extremely serious and I feel that the Minister should take some definite steps to remedy this appalling state of affairs. I think he might do well to consider allowing a proportion of Dental Surgeons to do their National Service in the School Dental Service, instead of in the Armed Forces.

OPHTHALMIC SERVICE.

At each school medical inspection I examine every child who has any eye defect whatsoever. I check the correction of their glasses and also check up on whether or not they are carrying out the directions issued by the Ophthalmic

OPHTHALMIC SERVICE (continued).

Specialist at the last appointment. If glasses are in need of repair or the correction does not satisfy me, I refer the child back to the person who made the glasses, and in some instances to the County Oculist who holds a weekly Clinic, especially for school children, at Yeovil Hospital. During the year there were one or two minor misunderstandings due I think to the fact that all recommendations on school medical inspection cards have to pass through several hands before reaching the Ophthalmic Specialist. However, by fairly frequent personal contact with Mr. Wilson at the Hospital I have been able to improve our relations with him and I hope that our difficulties are a thing of the past.

ORTHOPAEDIC SERVICE.

When necessary, children are referred to Orthopaedic Surgeons who hold Clinics at Yeovil and Taunton. Reports and recommendations by the Specialists are forwarded to me as the School Medical Officer, and I see such children at each medical inspection and more often, if necessary. Most of the cases which require operation are admitted to Bath Orthopaedic Hospital.

A Clinic is held once per month at Crewkerne where the Orthopaedic Sister supervises the follow up of cases resident in that part of the Rural District. Since the opening of the Clinic at Chard she has also commenced a monthly Clinic there which is run on the same lines.

AMBULANCE SERVICE.

The County Council administered the Ambulance Service during working hours, and during the year all the Ambulances were equipped with radio telephone. This has greatly increased the efficiency of the service.

EPILEPTICS and SPASTICS.

Any cases of epilepsy occurring in the area are referred to a Specialist at Taunton who is able to carry out Electro-Encephalogram and other necessary investigations, and then advise on the correct course of treatment. In the case of children a copy of his report is always available to me. Where it is considered necessary for school children to attend a special school on account of this disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

All cases of children with Spastic Disease are registered as handicapped pupils and are under the care of Specialists. They may attend the ordinary school if their disability is not too great. In other cases home tuition is arranged. After reaching school-leaving age arrangements are made for them to receive special training to enable them to become self-supporting as far as possible.

BLIND PERSONS.

There are 26 blind persons and 2 partially sighted persons in the area. No cases of ophthalmia neonatorum were noted during the year.

SECTION C. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

There was a mild epidemic of measles in the early part of the year and 193 cases were notified. Fortunately complications following the infection were few.

Of the three cases of Infantile Paralysis, none was serious. All concerned children in the 5 - 10 year age group.

There was a small outbreak of food poisoning affecting five adults who had attended the same luncheon party. The cause was not definitely established, but smoked salmon was strongly suspect.

Appendix C, Table 1, shows the details of all infectious diseases notified.

PREVENTION OF T.B.

Mass X-Ray Unit: During 1955 the Mass X-Ray Unit visited Chard and many of our residents took advantage of the presence of the Unit in the nearby towns.

The maximum benefit can only be derived from this service if the Unit visits regularly each year. For some five years now it has made regular visits to Chard, Crewkerne and Ilminster and our residents living near these centres have been able to avail themselves of the opportunity of getting a chest X-Ray. In addition, general practitioners who have among their patients cases of chronic chest conditions, like to send these cases for a regular

periodic check up without a special visit to hospital for a full size film. Recently I regret to say that owing to other commitments the time interval between the visits of the Unit have been tending to increase.

In addition, in the past I, as Medical Officer of Health, have had direct access to the Unit which is a Regional Hospital Board Service. Now I am referred to the County Council and an official there without reference to the local Medical Officer of Health plans the programme for the year. If a co-ordinating committee is desirable then surely local areas should be represented on the committee and in addition the Council Health Department should have access to the Regional Hospital Board Services when necessary.

B.C.G. VACCINATION.

In my recent Annual Reports, I have referred to B.C.G. vaccination of school children against tuberculosis. In 1949 official permission was given for its use for nurses and medical staff in hospitals and home contacts of active tuberculosis cases. Permission was extended to include school leavers at the end of 1953. Since then some 130 of the local health authorities have prepared and operated schemes for children.

In Somerset the categories of persons at risk are offered B.C.G. but we still await a scheme for school children of leaving age, that is 14+ years. The notification rate and mortality from tuberculosis in Great Britain begins to rise at about the age of 15 years from their low levels in childhood.

The first progress report of the Tuberculosis Vaccines Trials Committee of the Medical Research Council has now been published. The report is of an investigation into the prophylactic effect of B.C.G. and of a similar British vole bacillus vaccine on children aged 14 to 15½ years attending secondary modern schools in selected areas. The investigation which involved 56,700 children was well planned, carefully executed and clearly reported. The results are unequivocal. It is estimated that a general vaccination scheme of children of this age should reduce T.B. Morbidity between the ages of 14 - 17 by about half.

The most striking fact in the report is that no case of miliary tuber--culosis or tuberculous meningitis occurred in the vaccinated groups whereas in the un-vaccinated group there were three cases of pulmonary T.B. of a miliary type. In the group vaccinated with B.C.G. the annual incidence of clinical T.B. was 0.37 per 1,000 as opposed to 1.94 per 1,000 of unvaccinated and 0.44 per 1,000 given vole bacillus vaccine.

Each vaccine therefore conferred a substantial and similar degree of protection against T.B. over a period of two and a half years in adolescence. The protection conferred by each vaccine was evident soon after it had been given and was still substantial between two and two and a half years after entry into the trial. Supplementary incomplete information up to four years suggests that the protection is maintained for this period. It also appeared that the vaccinated children fared considerably better than those who had been naturally infected, but were without evidence of clinical disease at the time of entry to the trial.

In view of the very favourable results obtained in this trial among adolescents it is unjustifiable and probably impossible to conduct similar trials in other population groups. This means that policy will have to be based on information at present available, and to be made available in future reports on this trial.

It will be thought by many that the time has arrived for vaccination to be made available in this area to all children whose parents request it.

However, although vaccines can make a substantial contribution to prevention, it should not be assumed that efforts to control the disease by other means can be relaxed.

SPECIAL HOUSING.

I am pleased to say that this Council has always given immediate attention to the housing of tuberculous patients and occasionally the requirements of some cases have demanded housing of a size which to me has appeared to be uneconomic considering the small number in the family involved. Patients are reluctant to go into hospital for a long stay and modern drugs have greatly eased the treatment of patients at home so there is a tendency towards domiciliary treat--ment of tuberculosis. Hence this demand for special housing will, if anything, increase.I think the Council might well consider the adaptation of some existing three bedroomed houses to give sanatorium-like conditions. A bedroom

SPECIAL HOUSING (continued).

on the first floor could be altered and windows provided on both front and back walls, the window on the back wall being the length of the whole wall and capable of being folded back. The tenants of these houses should be selected by the Chest Physician and Medical Officer of Health and as soon as the case has received the benefit possible from the special bedroom they should be transferred to the conventional type house. Not only would the patient make a more rapid recovery, but the demand for hospital beds would also decrease. This would be a practical way in which the Council could assist to combat the nation wide shortage of nurses and in addition offer the tuberculous patient a welcome alternative to prolonged hospitalization.

SECTION D. ENVIRONMENTAL HEALTH SERVICES.

(a) SANITARY CIRCUMSTANCES.

CLIMATIC CONDITIONS: It was a reasonably dry year with prolonged periods of sunny weather during the summer. However, in the early months there was some severe weather which included heavy falls of snow as late as May. Fortunately there was no very cold weather in the latter months.

WATER SUPPLY:

Regional Augmentation Scheme: Steady progress was made on the third stage of this scheme and the new trunk main between the Pole Rue source and the Langport R.D. connection at Stewley was nearing completion at the end of the year. This new pipeline will afford an increased supply at greater pressure to the Langport R.D.C., and once in full operation it is hoped that the many breakdowns due largely to pipe corrosion, will be a thing of the past. Waterproofing works carried out at No. 1 section of the Pole Rue reservoir were carried out by a specialist firm during the year, and this 512,000 gallons capacity reservoir is now in good order and is in full operation. The Council's Waterworks Staff have carried out fairly extensive works at Pole Rue, including the construction of a reinforced concrete roof over the reservoir.

Regional Scheme: No water shortage was experienced during the year and gaugings obtained from the boreholes show that an increased demand from the Pole Rue source has had no serious effect on water levels. The village of Combe St. Nicholas was connected up to the Regional Water scheme during January, 1955, and the disused village source will be retained for emergency use only.

Tatworth - Forton - Winsham: Supplies over this area were fully maintained throughout the year apart from a succession of irritating breakdowns at the Forton boosting station. Definite evidence as to the cause of these breakdowns is not yet available, but every effort is being made to locate the cause of the trouble.

Parish Supplies: The Chaffcombe, Hewish and Buckland St. Mary public supplies stood up to the drought conditions remarkably well during the dry summer. Regular inspections to check on water wastage in these villages played a large part in avoiding the water shortages experienced in previous years.

Appendix D, Table 1, gives full details.

SEWERAGE: The seven parishes with main drainage and efficient disposal systems are :-

Chard Parish (Tatworth),	Shepton Beauchamp,
Combe St. Nicholas,	Misterton,
Chaffcombe,	Winsham.
Merriott,	

No major extensions or improvements were carried out in 1955. However, it has been possible to improve on the regular maintenance arrangements at the various works and the enrolment of a mobile maintenance unit is already showing good results. There is, of course, a lot of room for further improvement, but it cannot now be said that any works are neglected or are causing serious pollution and nuisance.

Train Lavatories: The need for a more hygienic method of sewage disposal on British Railways to which reference has been made in my last two reports, was brought to the notice of the Society of Medical Officers of Health. They arranged for the matter to be discussed at a conference and invited a senior medical Officer of British Railways to attend. The Railway Executive refused permission for him to take part and the matter was left in abeyance. However, the subject has been placed on the Agenda for the Royal Sanitary Institute conference to be held in April, 1956. No doubt the matter will be fully discussed at that time.

PUBLIC CLEANSING: This is carried out by direct labour using two Karrier refuse vehicles. The majority of parishes are collected fortnightly and scattered districts once monthly. There is no scheme for the collection of trade refuse but it is accepted at the refuse depot for a small charge. Cesspool emptying is carried out by contract and a standard of charges has been laid down. A second refuse depot was brought into use during the year. This has cut down the amount of haulage of refuse necessary.

CAMPING SITES: There are 2 registered camping sites in the Rural District and in addition 24 individual licences have been issued. Details are shown in Appendix D, Table 2.

DIRECT LABOUR STAFF: The new depot at Combe St. Nicholas is now in full operation, and experience to date shows that the greatly improved conditions under which the employees now work and the better storage facilities now available have resulted in greater efficiency on the part of the staff, and has raised the morale of all concerned.

New vehicles and equipment brought into use during the year include a mobile waterworks repair van, a diesel driven 30 cwt. truck, a tractor-driven excavator and an electrically driven woodworking unit.

There have been few changes in the outside staff and it is a pleasure to record that there is a really excellent spirit of co-operation between departments. Costings of the varied works carried out by direct labour prove conclusively that normal day-to-day maintenance and such works as sewer and water extensions, roadworks etc. show a saving in cost of up to 20% on contract prices. Additional advantages gained in employing an efficient direct labour staff are that emergency works can be tackled without delay, and work carried out by our own staff is usually more thorough than work done by contractors.

The problem of keeping in constant touch with the key maintenance men has again proved to be a most difficult one; in cases of breakdown of plant and disruption of water supplies, valuable time is often wasted in contacting the staff and getting work put in hand, delay in such cases invariably causes a certain amount of hardship to the public and might well lead to really serious damage. One answer to this problem is the provision of radio communication between Snowdon House, and the outside staff; it is understood that the cost of a suitable installation would be in the region of £700 to £800. The Works Committee are to consider this problem in early 1956.

(b) HOUSING:

Appendix D, Table 3, gives full details of the housing situation in the district at the end of the year 1955. It will be seen that the Council own about one sixth of all permanent houses in the Rural District. Since the war they have built three times as many houses as have been built by private enterprise.

The Government have now decided to allow local authorities to continue to build new houses as required, but in addition have emphasised the need to replace slum property with modern housing. To encourage this action houses built to replace those demolished will attract a higher subsidy than those new houses which are not replacements.

In order to tackle this problem the whole area had to be reviewed and sub-standard houses placed in categories depending on their expected life and the rate at which the Council can hope to deal with them. This has been done and a start has been made in Merriott. At the end of the year an area had been declared for clearance and application will be made for an order to be confirmed by the Minister. A scheme for this area was first envisaged in 1939 but owing to the war and the subsequent housing shortage it had not been possible until this year to give serious consideration to the clearance of these properties.

In addition to dealing with those properties which the Council consider to be unfit a considerable amount of negotiation was carried out with owners of properties requiring repair, but there has been a general reluctance on the part of these owners to execute work whilst the existing tenants remain in occupation. The result has been an increase in the number of Undertakings accepted from owners that their properties will not be used for human habitation after vacation by the present tenants until rendered fit for the purpose. However, where tenants have vacated unfit houses on which these Undertakings are in force, very little difficulty has been experienced in getting the cottages repaired. In fact, in most cases owners have been willing to carry out far more improvements than can be insisted upon under the Housing Acts.

Many owners have taken advantage of Improvement Grants to recondition unfit properties, and this has materially assisted in getting these cottages put in order. It is therefore to be hoped that the reduction in the amount of the Grant will not unduly hamper the reconditioning of unfit properties.

(b) HOUSING (continued):

Special Housing - Old People's Dwellings, Tatworth: 1954 saw the opening of the Old People's Dwellings provided by the Council at Tatworth. They are ideally situated in that the 'bus stop', Post Office, Grocer's and Butcher's shops and Village Hall are within easy distance and they are on the edge of a housing estate so that whilst enjoying comparative quietness plenty of people pass by.

Each dwelling has a living room, kitchen, bathroom with W.C. and an outhouse; 2 bungalows have two bedrooms, 11 bungalows have one bedroom and 4 flats (2 ground floor and 2 first floor) have two bedrooms. In addition there is the Warden's house with a communal room and three guest bedrooms. There is a press button, which rings a bell in the Warden's house, in the bedroom and bathroom in order that the tenant, if in any difficulty, can summon the Warden. A telephone is provided in the Warden's house for the use of the tenants, who have to pay for any calls they make. A communal workshop has been erected for any odd jobs that the tenants may wish to do but it has not been used very much.

The two bedroom dwellings are let at 12/6 per week and the one bedroom at 10/-, both rents excluding rates. Some tenants stated before accepting a dwelling that they could not afford the rent. The National Assistance Board was approached and in all cases provided assistance towards the rent. The guest bedrooms are available for letting to relatives and friends of the residents at 2/6d. per night. They are furnished but the tenants have to find the bed linen.

The dwellings are provided for people of pensionable age who are capable of maintaining their own home. Although priority is given to those where some degree of care or help may be required the dwellings are not intended to usurp the functions of hospitals or institutions. No difficulty has been experienced in letting the dwellings but it has been found that people born and bred in other villages prefer not to move to Tatworth.

Since the dwellings were occupied, one tenant, who was a widow, has died, another has died leaving his widow in occupation, another has lost his wife and one has left to live with relatives as she was incapable of looking after herself. At the present time the tenants consist of 10 married couples, 5 widows, 1 widower and 2 sisters. There are now 16 applicants for these dwellings. If the Council do not feel justified in erecting more for the time being then a site, adjoining the present dwellings, might be reserved for the future so that the residents of any which may be erected, can have the benefit of the existing welfare facilities.

The Warden's house has two bedrooms, living room, kitchen, bathroom with W.C. and a garage. No rent is charged and payment to the Warden's wife has recently been increased from 10/- to 25/- per week. Generally the duties of the Warden and his wife are to care for the welfare and well-being of the residents, to give assistance and in particular to call a doctor or nurse in case of sickness, and to look after the Communal Room and guest bedrooms and cut the grass. The present Wardens, Mr. & Mrs. Hole, are doing an excellent job of work and have succeeded in making a happy community with plenty of social activities to occupy the residents' time.

A Committee of five residents has been formed to organise the social side. The Communal Room, which has been furnished by the Council, is used every other Wednesday for a Social with tea and on the other Wednesdays and every Friday for tea and a few games. At other times the room is occasionally used for playing cards etc. Raffles are held in the Social Evenings and the profits from these last year were used for two Outings to Dartmoor and parties at Christmas and the New Year.

The dwellings were built under the Housing Acts with the normal Exchequer and Rate subsidies. There is a deficiency each year due to the provision of Welfare facilities, i.e. employment of Warden and wife with rent free accommodation and the County Council, being satisfied that the provision of these dwellings will probably reduce the demand for residential accommodation in Old People's homes, make a substantial grant.

This scheme is the first of its kind in Somerset and has proved an out--standing success. Representatives of numerous other local authorities have inspected the dwellings with a view to providing similar accommodation.

Housing Maintenance: In addition to the 685 permanent dwellings owned by the Council, there are a number of prefabricated bungalows all of which require regular maintenance. In 1955 £8,400 was spent on this maintenance and repair work, mainly external painting, internal redecoration and on the exterior structure.

Pre-War Houses (242): All these houses were built without hot water systems and it is now the Housing Committee's policy to modernise them by installing hot water and providing new baths and sinks where these fittings do not meet present day standards. Lavatory basins were not fitted in the bathrooms originally and these are being provided.

(b) HOUSING (continued).

The existing old fashioned cooking ranges are being removed and replaced with Devon type tiled grates with back boilers. New electric cookers are provided where necessary. The average cost of this work is £100 per house, this being met by a loan.

Modernisation is taking place gradually and is done on changes of tenancy, and whenever tenants ask for it. An extra rent of 2/6d per week is charged. Sixty-four houses have been modernised so far, and another thirty will be dealt with in 1956.

Electrical Installations (Pre-War Houses): Electrical installations in these houses are being overhauled and lights installed in bedrooms, bathrooms and on staircases. Power points are being provided in the living rooms. The average cost of this work is £9 per house. One hundred and thirty-five houses have been dealt with in this way and another forty-seven have been listed in 1956. It is proposed to complete this work during 1957.

Concrete Paths and Entrance Gates (Pre-War Houses): Provisional estimates for 1956/57 include £865 for new concrete paths and £120 for new entrance gates. The Council authorise yearly expenditure on these items to maintain them in good conditio

Internal Rdecoration: It is the Council's policy to encourage tenants to carry out their own internal decoration, and each new letting transfers the responsibility to the tenant. In cases where there are exceptional circumstances, the Council accepts the responsibility for the redecoration, and extra rent of 1/6d. per week is charged, and the house is decorated once in every seven years.

(c) INSPECTION AND SUPERVISION OF FOOD.

Milk: There is one registered distributor in the area and one dairy premises registered for the same purpose. A supplementary licence was issued to a distri--butor whose dairy is outside the area.

Inspection of these premises and sampling of milk is carried out by the County Council and reports are directed by the County Analyst.

Ice Cream: No Ice Cream is manufactured in the Rural District but 28 premises are registered for the sale of prepacked products.

Meat: Appendix D, Table 5, gives a very detailed account of the meat inspection carried out in 1955.

It is eighteen months since the Council commenced meat inspection at licensed slaughterhouses following the derationing of meat supplies, and many of the difficulties have been successfully dealt with. Approximately 80% of all animals slaughtered for human consumption have been examined post mortem. However, a greater percentage could have been inspected if longer notice of slaughter were given. The Public Health (Meat) Regulations require only 3 hours prior notice, and in this Rural District with slaughterhouses scattered throughout, one often finds that following visits to slaughterhouses, notice has been received at the Office concerning slaughter in the area from which one has just returned. This difficulty of communication has been mentioned elsewhere.

The quantity of diseased meat condemned is not unduly high, but a constant watch must be kept to ensure that none reaches the public for human consumption. Tuberculosis is still found in cattle and pigs, and although not in the higher percentages of pre-war days, routine examination of every carcase inspected is carried out.

Approximately 40% of all cattle livers inspected have been condemned due to liver fluke and cirrhosis, thereby resulting in considerable loss of an otherwise valuable food.

Supervision of the disposal of condemned meat presents a problem but the staining of all condemned carcases and all tuberculous meat, together with periodical checking of disposal, provides as satisfactory a solution as is possible under present conditions.

In addition the Health Department have been concerned about the transport of meat from the slaughterhouse to the shop. In this area the cartage is mainly carried out by one firm who maintain a good hygienic standard.

Considerable attention was directed to the handling of food in shops and other food premises. Numerous visits were made and advice offered to the owners. This is slow work and the effect cannot be judged immediately. However, the new Food Hygiene Regulations which will become law in 1956 will considerably strengthen the power of the Local Authority at these inspections.

(d) FACTORIES ACT.

Details of inspections will be found in Appendix D, Table 2.

APPENDIX A, TABLE 1.

Registrar-General's estimate of population mid 1955 ...	12,580
Area:	54,600 acres.
Number of inhabited houses at the end of 1955 according to the Rate Book	4,090
Rateable Value	£50,190
Sum represented by a penny rate	£206. 8. 4d.

APPENDIX A, TABLE 2.

BIRTH RATE: 12.16 per thousand. Comparability Factor 1.08

	M.	F.	Total
Live Births:			
Legitimate	75	73	148
Illegitimate	2	3	5
Total	77	76	153
Still Births:			
Legitimate	3	-	3
Illegitimate	-	-	-
Total	3	-	3
Deaths of Infants under 1 year:			
Legitimate	3	2	5
Illegitimate	-	-	-
Total	3	2	5
Deaths of Infants under 4 weeks:			
Legitimate	2	2	4
Illegitimate	-	-	-
Total	2	2	4

APPENDIX A, TABLE 3.

DEATH RATE: 11.68 per thousand. Comparability Factor 0.86

		M.	F.	Total
Causes of Death:				
Heart:	Coronary Disease ...	8	6	14
	Hypertension ...	-	1	1
	Other Heart Disease ...	7	8	15
Circulation:	Vascular Lesions of the nervous system	11	16	27
	Other circulatory disease ...	3	3	6
Cancer of:	Stomach ...	4	1	5
	Lung ...	5	1	6
	Other sites ...	6	12	18
Lungs:	Pneumonia ...	2	1	3
	Bronchitis ...	3	3	6
	Tuberculosis ...	-	1	1
	Other respiratory diseases	2	2	4
Diabetes ...	...	-	1	1
Influenza ...	...	-	2	2
Peptic Ulcer ...	...	2	-	2
Nephritis ...	...	2	-	2
Prostatic Disease	...	1	-	1
Congenital Malformations	...	2	1	3
Motor Accidents	...	4	1	5
Other Accidents	...	1	-	1
Suicide ...	...	1	-	1
Other ill-defined diseases	...	8	14	22
	Total	72	74	146

APPENDIX B, TABLE 1.

COMBE ST. NICHOLAS CHILD WELFARE CENTRE.

Statistics for the twelve months ended 31st December, 1955:

1. Number of children who first attended during the year and who at their first attendance were :-
   - Under one year of age ... 18
2. Number of children who attended during the year and who were born in :-
   - (a) 1955 4
   - (b) 1954 14
   - (c) 1953-50 23
3. Total attendances during the year made by children who at the date of attendance were :-
   - (a) Under one year of age 82
   - (b) Over one but under two years of age ... 78
   - (c) Over two but under five years of age ... 135
4. Number of individual mothers who attended during the year ... 32
5. (a) Total number of sessions held :-
   - (i) With Medical Officer ... 8
   - (ii) Other sessions ... 4
   - (b) Number of children examined by Doctor ... 15
   - (c) Total number of Medical consultations ... 29

SHEPTON BEAUCHAMP CHILD WELFARE CENTRE.

Statistics for the twelve months ended 31st December, 1955.

1. Number of children who first attended during the year and who at their first attendance were :-
   - Under one year of age ... 21
2. Number of children who attended during the year and who were born in :-
   - (a) 1955 14
   - (b) 1954 20
   - (c) 1953-50 36
3. Total attendances during the year made by children who at the date of attendance were :-
   - (a) Under one year of age 123
   - (b) Over one but under two years of age ... 88
   - (c) Over two but under five years of age ... 142
4. Number of individual mothers who attended during the year ... 59
5. (a) Total number of sessions held :-
   - (i) With Medical Officer ... 11 (1 cancelled on account of snow, January, 1955).
   - (ii) Other sessions ... -
   - (b) Number of children examined by Doctor ... 53
   - (c) Total number of Medical consultations ... 144

TATWORTH CHILD WELFARE CENTRE.

Statistics for the twelve months ended 31st December, 1955.

1. Number of children who first attended during the year and who at their first attendance were :-
   - Under one year of age ... 14
2. Number of children who attended during the year and who were born in :-
   - (a) 1955 10
   - (b) 1954 27
   - (c) 1953 - 50 18
3. Total attendances during the year made by children who at the date of attendance were :-
   - (a) Under one year of age 194
   - (b) Over one but under two years of age ... 88
   - (c) Over two but under five years of age ... 44

TATWORTH CHILD WELFARE CENTRE (continued).

4. Number of individual mothers who attended during the year ... 46

5. (a) Total number of sessions held :-
   (i) With Medical Officer ... 11
   (ii) Other sessions ... 1

   (b) Number of children examined by Doctor 44
   (c) Total number of Medical consultations 136

WINSHAM CHILD WELFARE CENTRE.

Statistics for the twelve months ended 31st December, 1955.

1. Number of children who first attended during the year and who at their first attendance were :-
   Under one year of age ... 3

2. Number of children who attended during the year and who were born in :-
   (a) 1955 6
   (b) 1954 4
   (c) 1953 - 50 25

3. Total attendances during the year made by children who at the date of attendance were :-
   (a) Under one year of age ... 37
   (b) Over one but under two years of age ... 38
   (c) Over two but under five years of age ... 37

4. Number of individual mothers who attended during the year ... 30

5. (a) Total number of sessions held :-
   (i) With Medical Officer ... 10
   (ii) Other sessions ... 2

   (b) Number of children examined by Doctor 21
   (c) Total number of Medical consultations 36

APPENDIX B, TABLE 2.

WORK OF DISTRICT NURSES DURING 1955.

Medi-cal.	Surgi-cal.	Mid-wifery.	Mater-nity.	Ante-natal.	Post natal.	Medi-cal.	Surgi-cal.	T.B.	Mater-nal compli-cations.	Others
337	89	29	15	952	180	5501	1212	224	83	119

Mat. visits.	Mid. visits.
278	677

APPENDIX B, TABLE 3.

VACCINATIONS.

Under 1.		1 to 4.		5 to 14.		15 or over.		Totals.	
P	R	P	R	P	R	P	R	P	R
91	-	7	-	1	5	-	1	99	6

P = Primary Vaccination. R = Re-Vaccination.

APPENDIX B, TABLE 4.

Name of School.	No. on Roll.	No. in-spected.	No. Immun-ised.	Date of Inspection.	Children having Milk.	Children having Dinner.
Ashill ...	12	11	-	7. 9.55	100%	33.33%
Broadway ...	50	27	-	27.10.55	98%	72%
Buckland St. Mary	35	26	-	29. 9.55	88.57%	94.28%
Chaffcombe ...	37	21	-	26.10.55	100%	62.16%
Chillington ...	42	26	12	12. 1.55	97.61%	92.85%
Combe St. Nicholas	71	39	-	20.10.55	78.87%	43.66%
Donyatt ...	29	10	-	21. 9.55	96.55%	62.06%
Hinton St. George	65	24	-	13. 1.55	53.84%	92.30%
Horton ...	59	35	2	26.10.55	94.91%	64.40%
Ilton ...	75	15	-	7. 2.55	93.33%	61.33%
Merriott ...	112	52	67	30. 9.55	89.28%	25.89%
Misterton ...	52	17	-	17. 1.55	100%	30.76%
Seavington ...	38	24	-	2. 3.55	100%	94.73%
Shepton Beauchamp	59	16	-	12. 1.55	94.91%	50.84%
	58	29	-	28.10.55	96.55%	51.72%
Tatworth ...	112	75	41	13.10.55	94.64%	35.71%
Wambrook ...	18	11	-	9. 9.55	83.33%	66.66%
West Crewkerne ...	42	23	-	14. 2.55	97.61%	85.71%
Whitestaunton ...	13	12	-	19.10.55	100%	84.61%
Winsham ...	79	49	21	9. 3.55	92.40%	59.49%

APPENDIX B, TABLE 5.

DENTAL INSPECTION OF SCHOOLS.

	Last Inspected and Treated.	
Ashill	September	1948
Broadway	October	1955
Buckland St. Mary ...	September	1948
Chaffcombe	September	1955
Tatworth	December	1953
Chillington	March	1953
Combe St. Nicholas ...	September	1955
Donyatt	October	1955
Hinton St. George ...	April	1953
Ilminster Without (Horton) ...	September	1955
Ilton	November	1955
Merriott	March	1953
Misterton	February	1954
Seavington St. Michael ...	February	1954
Shepton Beauchamp ...	February	1954
Wambrook	December	1953
West Crewkerne ...	March	1953
Whitestaunton	June	1955
Winsham	June	1955

APPENDIX C. TABLE 1.

PREVALENCE AND CONTROL OF INFECTIOUS & OTHER DISEASES.

Notifications other than Tuberculosis.

Disease.	Total cases notified.
Measles	193
Scarlet Fever	5
Whooping Cough	4
Acute Primary Pneumonia	2
Poliomyelitis	3
Gastro Enteritis	1
Food Poisoning	5

ANALYSIS OF CASES NOTIFIED.

	Under 1 yr.	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-35.	35-45.	45-65.	65+
Measles	3	23	3	38	-	111	10	3	2	-	-	-
Scarlet Faver	-	-	-	2	-	3	-	-	-	-	-	-
Whooping Cough	2	2	-	-	-	-	-	-	-	-	-	-
Acute Primary Pneumonia	-	-	-	-	-	-	-	-	1	-	-	1
Poliomyelitis	-	-	-	-	-	3	-	-	-	-	-	-
Gastro Enteritis	-	-	-	-	-	-	-	-	-	1	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	5	-	-

TUBERCULOSIS.

Age Group.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
- 1	-	-	-	-	-	-	-	-
1- 5	-	1	-	-	-	-	-	-
5- 15	1	1	-	1	-	-	-	-
15- 25	-	3	1	1	-	-	-	-
25- 35	3	2	1	-	-	-	-	-
35- 45	-	2	-	-	-	-	-	-
45- 55	1	-	-	-	-	1	-	-
55- 65	-	-	-	-	-	-	-	-
65+	1	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	2	-	-
Total	6	9	2	2	-	3	-	-

APPENDIX D, TABLE 1.

WATER SUPPLY.

Piped Supplies - results of samples taken for analysis:-

Raw Water.				Treated after going into supply.			
Bacteriological.		Chemical.		Bacteriological.		Chemical.	
Satisfac--tory.	Unsatis--factory.	Satis--factory.	Unsatis--factory.	Satis--factory.	Unsatis--factory.	Satis--factory.	Unsatis--factory.
-	-	5	-	-	-	-	-

Water Supplies from Public Mains:

Direct to Houses.		By means of Standpipes.	
No. of Dwelling--houses.	Population.	No. of Dwelling--houses.	Population.
2932	9387	50	176

APPENDIX D, TABLE 2.

FACTORIES ACT, 1937.

Inspections for the purpose of provisions as to Health (including inspections made by the Sanitary Inspector).

Premises.	Number on Register.	Inspections.	Written Notices.	Occupiers Prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities:	7	7	-	-
Factories not in--cluded in (i) in which Section 7 is enforced by the Local Authority	27	27	-	-
Totals:	34	34	-	-

Cases in which defects were found	...	...	Nil
Cases in which defects found were remedied	...	...	Nil

OUTWORK.

No. of Outworkers in August list required by Section 110	...	241

APPENDIX D, TABLE 3.

HOUSING.

Total number of permanent dwellings in District	4190
Total number of permanent dwellings owned by Local Authority ...	685

Part 1. The total problem (As per Ministry Circular 55/54):

(i) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or Section 25 of the Housing Act, 1936	100
(ii) Period in years which the Council think necessary for securing the demolition of all the houses in (i)	5

Part 2. Orders already made, etc:-

(iii) Number of houses in (i) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the Local Authority ...	-
(iv) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative	-

Part 3. Action in the first five years :-

(v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years ...	-
(vi) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the Local Authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister ...	15
(vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation ...	-
(viii) Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years ...	15
(ix) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936 ...	85

	Houses erected during year.	Houses in course of erec-tion.	Gained from conversion of large houses or buildings into flats or dwellings.	Lost from conversion of two or more houses to one.
Local Authority	29	23	-	-
Private Enterprise	26	19	2	-
	55	42	2	-

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1955.		Programme for 1956.	
By Local Authority.	By Private Enterprise.	By Local Authority.	By Private Enterprise.
425	134	52	Unknown.

(a) No. of temporary housing units occupied -	(i) Prefabs. ...	30
	(ii) Huts, etc. ...	17
(b) No. of houses found overcrowded ...	...	-
(c) No. of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders	...	17
(d) No. of houses demolished during year ...	...	5
(e) No. of houses made fit during year ...	...	15
Houses required:-		
(i) To abate overcrowding ...	...	-
(ii) To overcome unsatisfactory conditions, e.g. two families living in same house but not included in (i)	...	-
Total number of applicants for Council houses at the end of the year ...	...	275

Improvement Grants made under the Housing Acts, 1949-54.

No. of applications and houses dealt with by Local Authority:-

	Received.		Approved.		Rejected.		Under consideration.		Withdrawn.	
	Aps.	No. of houses.	Aps.	No. of houses.	Aps.	No. of houses.	Aps.	No. of houses.	Aps.	No. of houses.
31.7.49 - 31.12.54	38	47	20	28	16	16	1	2	1	1
During year	40	48	39	45	1	3	-	-	-	-
Totals	78	95	59	73	17	19	1	2	1	1

APPENDIX D, TABLE 4.

CAMPING SITES.

	Permanent.	Seasonal.
(a) No. of Licences issued for individual moveable dwellings	24	-
(b) No. of camping sites for which Licences have been issued	2	-
(c) Maximum number allowed per acre: 18		
(d) Estimated maximum number of campers resident during year	85	-

APPENDIX D. TABLE 5.

M E A T .

Slaughter-Houses and Bacon Factories.

		Licensed.	Operating.
(a) Private Slaughter-Houses	...	11	11
(b) Bacon Factories	...	Nil	Nil
(c) No. of Slaughter-Houses in use where horses are slaughtered for human consumption	...	Nil	Nil

Carcases and Offal inspected and condemned in whole or in part during year:

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed (if known)	-	-	-	-	-	-
Number inspected	513	30	304	756	637	
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned	-	3	4	4	6	
Carcases of which some part or organ was condemned	257	7	1	90	56	
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	50%	33%	1.6%	12%	10%	
Tuberculosis only						
Whole carcases condemned	1	-	-	-	-	
Carcases of which some part or organ was condemned	51	2	-	-	20	
Percentage of the number inspected affected with tuberculosis	10%	7%	-	-	2%	
Cysticercosis						
Carcases of which some part or organ was condemned						
Carcases submitted to treatment by refrigeration			N I L			
Generalised and totally condemned						
Weight of meat condemned (in lbs.) for :-						
(a) Tuberculosis						
(b) Cysticercosis						
(c) Other						
Total (in lbs.) condemned			UNKNOWN.			